FOR STATE DEPT delay is and 3 ta Page af Department Office along with torm in Item 18. Give Pages 1 land 2 with the State be executed within 24 haurs after death after shauld be farwarded to the Chief Medical Examiner's pages pencil File .⊆ within burial-transit permit. 'pending" This certificate shauld writing the word . = 90 remayal used pe please execute the certificate 0 3 shauld DICAL EXAMINER: crematian, FUNERAL DIRECTOR: Page prior to burial. may be retained far

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06189

MEDICAL EXAMINER'S CERTIFICATE OF DEATH . DECEASED-NAME First Middle Month 20. DATE KNOWN Doy Yeor (Type or Print) GENE OF EDWARD GREENE 168 April DEATH MATED 4. RACE 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 26 Y Male White Jan. 19.1942 7o. BIRTHPLACE (Stote of foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Virginia U.S.A. Somerset WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Pocomoke River PLYWOOD Corp. during most of working life, even if retired.) near Shelltown 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATEVirgini a 13b. COUNTY Gloucester R.F.D. # Haves 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Edward Ethel Coates Clarence Greene Norma 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (Yes, no. or unknown) Mrs. Virginia A. Greene - same as 13 abce APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Accidental Drowning IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO K YES [ 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH Fell overboard from tugboat 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.)
Focomoke River near Shelltown-Somerset-Maryland 22a. I certify that I took charge af the remains described above, held an Autopsy ... Inspection X Inquiry , and in my apinian Natural causes , Accident . Suicide death resulted fram: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE April 5, 1968 **EXAMINER'S** C. G. Rawley, M.D. ADDRESS(Street, city, town, or county) Crisfield, Md. NAME (Type) 23d. LOCATION (City or Town) (County) (State)
Ordinary-Gloucester-Virginia 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY BEMOVAL (Specify) April 7,1968 Rosewell Memorial Gardens 1968 25b. PERMEARY MAIL 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR. Bradshaw & Sons - Crisfield, Md.

VR A15ME (5) 10M REV. 1/68

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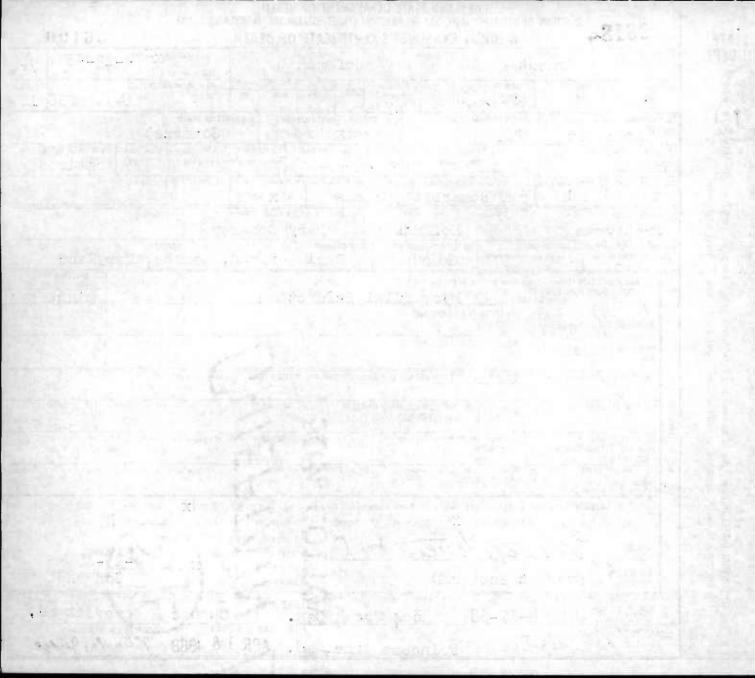
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land 2 with the Stat death. after pages haurs Eie within permit. event urial-transit any .⊆ 0 used 3 shauld crematian, far retained Health

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 20. DATE KNOWN Month (Type or Print) Ernest Hoffman ESTI-OF DEATH MATED [ 6. AGE (In years 4. RACE IF UNDER 24 HRS. 3. SEX 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR m 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Somer set USA WIDOWED IX Somerset DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INTERtired give street oddress) during most of working life, even if retired.) Wenona 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTYSomer set odmission) STATE Wenona YES NO 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Middle Prettyman Hoffman Mary Cooksey 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (Yes, na, or unknown) (If yes give war or dates af service) Carl Hoffman, Wenona, Maryland unknown APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Myocardial Infarction minutes DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T NO X 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held an Autapsy Inspection 3 Inquiry [ and in my opinian Suicide . death resulted from: Natural causes 🛂 . Hamicide [ Accident Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINERS Everett SutterMD Somerset NAME (Type) ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORChance 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) Somerset Md. Chance Rock Creek Cem. ELINERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Mo DATE APR

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME (5)



### FOR STATE

HEALTH DEPT. ny delay is 2, and 3 ta PM3. Pages This certificate shauld be executed within 24 hours after death in Item 18. Give

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pages 1 and 2 with after death. haurs a burial-transit permit. File and in ony event within 72 SD remaval, O FUNERAL DIRECTOR: Page 3 should be used crematian, ar far yaur prior ta burial,

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang please execute the certificate, writing the ward SICAL EXAMINER: may be retained O DEPUTY

DIVISION OF VITAL RECORDS 1. DECEASED-NAME First

4. RACE

Negro

Md.

Hilton

PART I. DEATH WAS CAUSED BY.

Hilton

13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before

(If yes give war or dates of service)

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

IMMEDIATE CAUSE (o)\_\_

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT

S. DATE OF BIRTH

Feb. 19.1968

13b. COUNTY Somerset

11. NAME OF HOSPITAL OR IN give street oddress) Rt.

Kellam,

16b. SOCIAL SECURITY N

None

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

7b. CITIZEN OF WHAT COUNTRY? USA

Middle

(Type or Print)

Male

7o. BIRTHPLACE (Stote or foreign

10. CITY OR TOWN OF DEATH

odmission) STATE

(Yes, no, or unknown)

14. FATHER'S NAME

CERTIFICATION

MEDICAL

Maryland

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove rise to immediate couse (a),

stoting the underlying couse

Westover

3. SEX

TIME RECOR	03, 301 11	. I ALJIVII	JINLLI, DAL	IMORE, MARIEN
MEDICAL	FXAMIN	IFR'S CFR	RTIFICATE	OF DEATH

KESTON STREET, BALTIMUKE, MAKTL	AND ZIZUI
R'S CERTIFICATE OF DEATH	06191
Kellam, III	20. DATE KNOWN Month Doy Yeor OF ESTI-DEATH MATED Apr. 17 168
(In yours IF UNDER 1 YEAR IF UNDER 24 HRS birthday) MONTHS DAYS HOURS MIN.	2c. DATE PRONOUNCED DEAD  Month Apr. Doy 17 Yeor 1968 a
WIDOWED DIVORCED	NTY OF DEATH Somerset
1, Box 147	f working life, even if retired.) INDUSTRY None
13c. CITY OR TOWN Westover YES ☐ NO 🔀	Rt. 1, Box 147
Jr. Betty	Lou Barber
Betty Lou Kella	am Westover, Md.
umonia	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH Hrs.
RELATED TO THE TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 1(o)
HICH OPERATION	20. AUTOPSY?
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493 X		The state of the s
90. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPS
	WAS PERFORMED?	YES 🗀
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PRIMARY OR CONTRIBUTING [ CAUSE OF DEATH County

City or Town

21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. foctory, office building, etc.) NOT WHILE

220. I certify that I took charge of the remains described above, held on Autopsy Inspection X

Inquiry Natural causes X deoth resulted from: Accident . Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER

**ACTUAL** SIGNATURE **EXAMINER'S** 

C. G. Rawley 23b. DATE

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)

22b. DATE SIGNED Apr. 18. Crisfield Md.

NAME (Type) 230. BURIAL, CREMATION, REMOVAL (Specify) Burial

4/19/68

NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) Exmore

(County)

24. FUNERAL DIRECTOR Anthony E. Ward

Crisfield, Md.

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VR A15ME (5) 10M REV. 1/68

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

6 CERTIFICATE OF DE

CCAC	U			CEKTIFICA	ALE OF	DEATH			00	2 47 63	
I. DECEASED-NAME	First		Middle		Last		2a. DATE OF				b. HOUR
(Type ar print)	Belma		Welton	Le	ewis		April	Manth 20	Day 1968	ar	
3. SEX	4 70	4. RACE			S. DATE OF BIR	RTH		6. AGE (In years	IF UNDER 1 Y	YEAR IF UND	DER 24 HRS.
female		whi:	te		July 1	12, 1	910	last birthday)	RS. MONTHS	DAYS HOUR	MIM 28
o. BIRTHPLACE (Stote	or foreign	b. CITIZEN OF WH.	AT COUNTRY?	8. MARRIED	NEVER MARK	RIED	9. COUNTY OF	DEATH			
"Alabama		U.S.		WIDOWED		CED 🗌	Some	rset			N
O. CITY OR TOWN OF I	DEATH	11. NA	ME OF HOSPITAL OR IN	STITUTION (If na	t in haspital			(Kind of work do		ND OF BUSINI	ESS OR
Princess			oddress)	set A	re.	during H	ousewi	life, even if retired	d.) INDUST	KT	
3o. USUAL RESIDENCE admission) STATE		lived, if institution	on: Residence before	13c. CITY OR		3d. INSIDE CITY LI	100. 57	REET AND NUMBER			
dinissidil) STATE	Md.	ISB. COUNTIS	omerset	Prince	ess Ar	ARE NO	S.	Somers	set Av	e.	
4. FATHER'S NAME	First	Middle	Lost	15.	MOTHER'S MA			Middle		Las	st
Tild	en		Melton			Mil:	lie	I	Dunnan		
16o. WAS DECEASED EV Yes, no, or unknown		D FORCES? or dates of service)	16b. SOCIAL SECURITY	NO. 17. IN	FORMANT			Address	S		
163, 110, 07 0111110411	, , , , , , ,	,		A	C.Lew	vis, I	Prince	ss Anne			
18. CAUSE OF D	EATH (Enter anly	ane cause per lin	e far (a), (b), and (c)	.)					BETY	PPROXIMATE INT WEEN ONSET AN	
PART 1. DEA	TH WAS CAUSED  IMMEDIAT	BY: E CAUSE (a)		MA	OCAI	ROTA	LIN	17-74136	TON	IH	OU
410	9	DUE TO, OR AS	A CONSEQUENCE OF						-		
Canditions, if ony		(b) A	THER	DSC	CER	OTI	7 7	. V. D.	- 1	YE	AR
rise to immedia			A CONSEQUENCE OF						1		
last.	)	(c)									
PART 2. OTHER S	IGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE ORC	ONDITION GIVE	N IN PART I(a)	11.11		
= 4201											
19a. DATE OF OPER	ATION 19b. CO	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOP	SY?		YES, WERE FINDING	S CONSIDERED	IN CERTIFYI	ING
Ĕ l					YES 🗌	NO	CAUSES	OF DEATH?			
		2.0			W INJURY OCCL	JRRED (Enter	r noture of inju	ry in Part 1 ar Port	2, Item 18.)		
OR CONTRIBUTING			Month Day Year								
ZIG. INJUKT OCC	JRRED   21e. P		AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.		ATION Street	or R.F.D. No.	City	ar Tawn	County		State
While Nat w	inte i		ornat Boltono, tra								
22a. I certify	that (I) (this	haspital) utte	nded the deceas	ed fram	VOV		6 6 ta_	4-20		that (I) (	we) la
saw the	deceased ali	ve an	FEB	9 5 and	that in (my	() (our) opi	nian death	accurred an the	date and h	aur and f	ram th
	rated abave,	(I) (We) (ald) (	did not) view the	bady after a	eath.				DATE CIONE		
22b. SIGNATURE	Tio.	m Le	bunn !	mylotere		D D	NED.	STAFF PHYS.	22c. DATE SIGNE	-	58
22d. PHYSICIAN'S NAME (Type)	Geore	ge M. I	unn		Pri	ncess	Anne	, Md.			
30. BURIAL, CREMATIC		ATE	23c. NAME OF	CEMETERY OR C	REMATORY		23d. LOCATIO	ON (City or Town)	(County)	(Str	ate)
BEMOVAL SPICITY	4/2	2/68	Beec	hwood			Princ	ess Ann	e, Som	erse	t, M
of durant piperson		/	100000					441 0000000			-

ncess Anne,

1968

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours VR A15 (4) 30M REV. 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physicion.

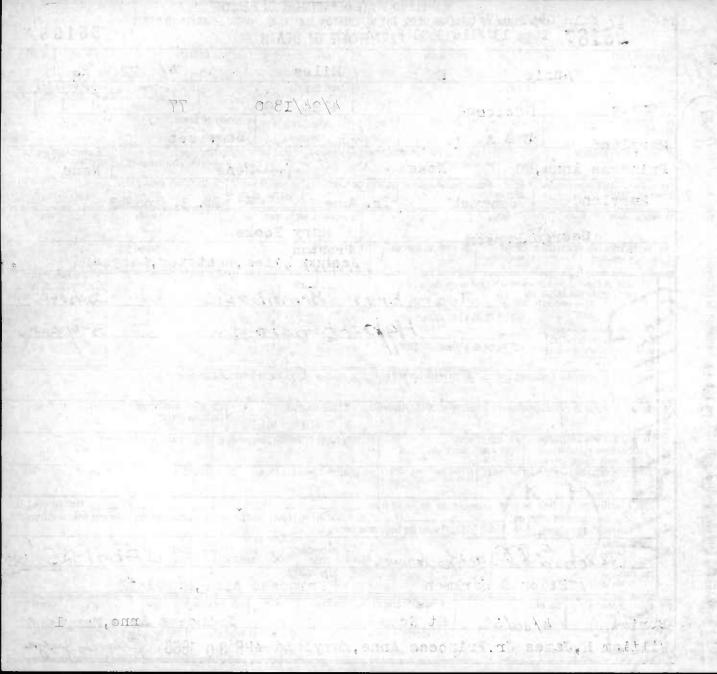
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March 1	en Ent.		ratio) .	aryton t

GHOLVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 13 Film G400 CERTIFICATE OF DEATH 06193 First Middle **DECEASED-NAME** Last 2a. DATE OF DEATH 2b. HOUR PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth (Type ar print) physicion and completely filled in by the funeral Year 68 Miles Annie E 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years MONTHS HOURS 4/24/I890 Female 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED papers Somerset WIDOWED DIVORCED [ Maryland hin 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street addressine during most of warking life, even if retired.) INDUSTRY pleose remove corbon Princess Anne, Md None 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admissi Mar Wland NG or removal, and in ony 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last Middle Mary Feeks George Parsor 17. INFORMANTE On 160. WAS DECEASED EVER IN U.S. ARMED FORCES Yes, na. ar unknawn) (If yes give war or dates of service) Joshua Miles, Westover, Maryland 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY sare. IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE O Canditions, if any, which gave ; signed by the buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause buriol, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 by the hospitol or 21b. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) jo OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from. 19 \_\_\_\_, that (I) (we) last and that in (my) (our) opinion death occurred an the date and hour and from the saw the deceased alive an\_\_\_\_ be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. director, poge 3 should be filed v DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Elden G Markman Princess Anne Maryland 23a. BURIAL, CREMATION, REMOVAL (Specify) Buria 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) 23b. DATE (County) (State) Hove Princess Anne Mary 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S, SIGNATURE VR A15 (4) 30M REV. 1/68 Ocharles

1968

William H, James Jr. Princess Anne, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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1. DECEASEI (Type ar		OINETTI	Middle	М	Last UELLER		2a. DATE OF Apri	Month	Day 15	<b>%</b> 8		1 Q
3. SEX	emale	4. RACE	White	311	S. DATE OF BIRT	th h 21,	1886	6. AGE (In years last birthday)	MONTHS SS		HOURS	MIN.
	PLACE (State or foreign New York		OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRI	IED	9. COUNTY OF Some					Md.
Mar:	r TOWN OF DEATH			.F.D.				(Kind af wark dan life, even if retired <b>1e</b>		IND OF B	USINESS Me	OR
13a. USUAL admissian)	RESIDENCE (Where dece STATE New Yor	ased lived, if in 13b. COUI	nstitution: Residence before NTY Suffolk (/	N Baby		YES NO		Frankie	Lane			
14. FATHER	Christ	ian Mid	dle Last <b>Hebbe</b> :		S. MOTHER'S MAII		rst Liza	Middle	Ge	11	Last	
16a. WAS Yes, po	DECEASED EVER IN U.S. A ar unknawn) (If yes giv	RMED FORCES? e war or dates of servi	16b. SOCIAL SECURI 125-34-		INFORMANT rs. Geor	ge Ang	ger- sa	Address me as 10				
18. C	PART I. DEATH WAS CAUSE	anly ane cause SED BY: DIATE CAUSE (a)	1 +	Del or	I hear	<i>t</i>			BE	APPROXIMATIVEEN ONS		
rise t	Conditions, if any, which gave inse to immediate cause (a),  (b)  Conditions of the control of t											
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u.	4100 Mitaria Character										1	
RIFICA	NONE		OR WHICH OPERATION WAS		YES T	NO 🔀	CAUSES	YES, WERE FINDING OF DEATH?		D IN CER	CHEYING	<i>.</i>
₹ □ OR	ACCIDENT WAS UNDERLY CONTRIBUTING CAUSE OF DITTO CA	EATH HOUR	ME OF INJURY A.M. Manth Day Yo P.M.		IOW INJURY OCCU	RRED (Enter	nature af inju	ry in Part I ar Part	2, Item 18.)			
₹ 21d. While	o i iiiii	e. PLACE OF INJ	URY ( AT HOME, FARM, STREET OFFICE BUILDING, ETC.	, FACTORY.) 21f. Li	OCATION Street	ar R.F.D. Na.	City	or Tawn	Caunty		S	State
22a.	. I certify that (I) ( saw the deceased causes stated aba	olive on	did) (sid nat) view t	_19 <i>68</i> , on	d thot in (my	, 19_ <b></b> ) (our) opir	-X, ta nian deoth c	ocurred an the	19 <u>68</u> , date ond	thot ( hour o	(I) (wo	e) lost m the
	SIGNATURE Manya C	boul	love mis	DEG	11113.	DI 🖆	ED. RECTOR	STAFF PHYS.   2	2c. DATE SIGN		-68	?
	PHYSICIAN'S NAME (Type) Geor	ge C. C	Coulbourn,		22e. ADDR			ion, Md.				
	,	pril26,		of cemetery or ess Hil	ls Cemet		Cypr	ON (City or Town) ess Hill		ens-	(State	•
24. FUNER	RAL DIRECTOR Bradsh	aw & Sc	ons - Cris	field,	Md.	2Sa. REC'D 81	APR 2	5 1968	R'S SIGNATUI	RE	Joen	Lac.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in between director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers, Pages shauld be filed with the State Dept. af Health priar ta burial, cremation, ar removal, and in any event, within 72 hours at Page 4 may be retained by the haspital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hapur

after death

VR A15 (4) 30M REV. 1/68

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201

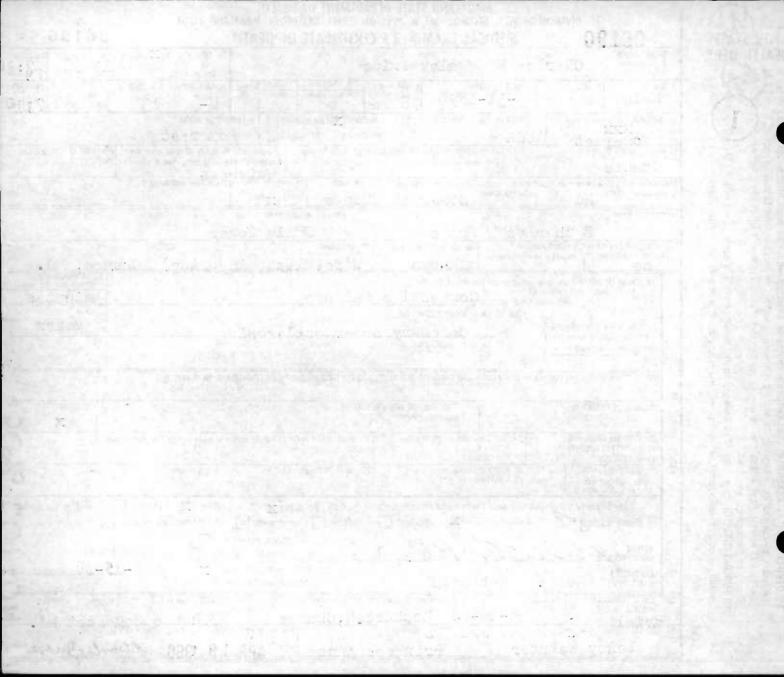
	U6189	Toem > Little adood	ERTIFIC	CATE OF DEATH			OOI	. 3 3		
	CEASED-NAME First $\operatorname{Ype}$ or print) $\operatorname{Sh}$	erwood Middle No	ortha	Last M	2a. DATE OF	Apr. 200	3 %8	2b. HOUR 6 P		
3. SE	Male	4. RACE White		June 9, 1/89	<b>41893</b>	6. AGE (In years lost birthdoy) YRS.	MONTHS DAYS	HOURS MIN		
7a. l caur		,								
	ITY OR TOWN OF DEATH Crisfield, Mo		Memor	ial during mo	L OCCUPATION ost of working	(Kind of work dane life, even if retired.)	12b. KIND OF E INDUSTRY Engine	BUSINESS OR ering		
13o. adm	USUAL RESIDENCE (Where decease ission) STATE Maryland	d lived, if institution: Residence before 13b. COUNTY Somerset		REET AND NUMBER  B. D. 1 BO	эж 93					
	ATHER'S NAME First William		1	S. MOTHER'S MAIDEN NAME FI		Middle	Ayres	Lost		
	WAS DECEASED EVER IN U.S. ARME es, no grunknown) (If we give wo	ED FORCES?  16b. SOCIAL SECURITY N  142–14–74		rs. Helen R.	Northan	Address n - same a				
	PART I. DEATH WAS CAUSED IMMEDIAT  Conditions, if any, which gove tise to immediate cause (a), stating the underlying cause	y ane cause per line far (a), (b), and (c).) BY: TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF		physoma			BETWEEN ON	NATE INTERVAL USET AND DEATH   .		
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PER		20a. AUTOPSY?  YES NO NO	CAUSES	YES, WERE FINDINGS OF DEATH?		RTIFYING		
MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. Manth Day Year er) P.M. 19		OW INJURY OCCURRED (Enter		ry in Part 1 or Port 2,	, Item 18.)			
W	at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.				or Town	Caunty	State		
	22a. I certify that (I) (this saw the deceased oli causes stated abave,	s hospitol), ottended the deceoser ive on 19 (I) (ape) (did) (did set) view the b	d from 9, an oody after	, 19 <u>#</u> d thot in (my) (a <b>ur)</b> opin death.	nion death (	occurred on the d	9 <u>6\$</u> , that lote ond hour c	(I) (we) lo and from the		
	22b. SIGNATURE	Rowley	DEGR	11110.	ED.		DATE SIGNED 1/24/68			
		G. Rawley, M.D		Crisfield,						
	BURIAL, CREMATION, 23b. D. REMOVAL (Specify) A pr	il 26,1968 Modest		Cemetery	Modest	on (City or Tawn) t Town- Ac		(State)		
24.	FUNERAL DIRECTOR Bradshaw &	Sons - Crisfield	d, Md.	DATE MA		25b: REGISTRAR	S SIGNATURE	ye.		

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours afte Page 4 may be retained by the hospital or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36196 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-DEPT 1. DECEASED-NAME 2a. DATE KNOWN Manth 2b. HOUR (Type ar Print) Charles H Price Wesley ESTI-DEATH MATED delay IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HQUR and Month 3-31-1890 Male Year Depart 7a. BIRTHPLACE (State or foreign cauntry) 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [ DIVORCED [ Somerset USA in pencil in Item 18. Give Pages Somerset Stat after death. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done alang with 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) **INDUSTRY** Chance land 2 with the Waterman Ise City Limits? | 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmissian) STATE 13b. COUNTY YES NO Somerset Chan ce haurs after Middle 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Charles W Price Julia Jones 24 hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** be executed within (Yes, no, or unknown) (If yes give war or dates of service) Wife (Elizabeth Chance, Md. unknown no within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: Congestive failure pending minutes IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave vears Coronary arteriosclerosis rise ta immediate cause (a), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remayal 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 24 pe shauld be ar 3 shauld 1 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M PRIMARY OR CONTRIBUTING burial, crematian, SICAL EXAMINER: CAUSE OF DEATH 21d INTURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State yaur factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Page 22a. I certify that I taak charge of the remains described above, held an Autapsy be retained far Inspection X. Inquiry and in my apinian the funeral directar. Suicide death resulted from: Natural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 4-75-68 DEPUTY MEDICAL EXAMINER EXAMINER'S Health Everett SutterMD NAME (Type) ADDRESS(Street, city, town, ar county) 0 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (State) REMOVAL (Specify) RockCreek, Chance Burial Somers hance 2Sa. REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE VR A15ME (5) LeRoy . Webster Princess 10M REV 1/68



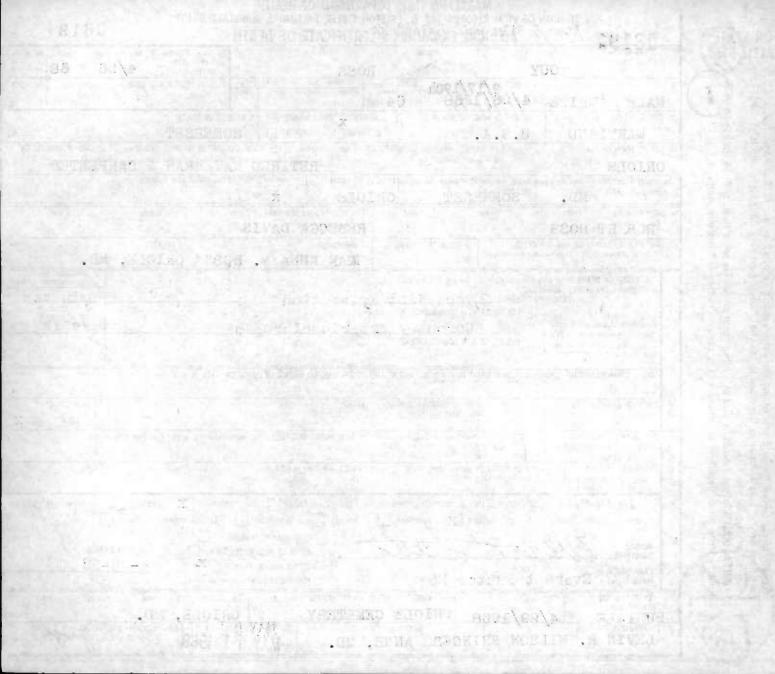
necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page iny delay is 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used os a buriol-transit permit. File pages 1 and 2 with the State Department. DICAL EXAMINER: This certificate should be executed within 24 hours after death. Health prior to buriol, cremation, or removal, and in ony event within 72 hours ofter death. TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Them 5 Fines 1800 Vanishing Records of Death

	061 Q.	T OOM	WEDIC	AL EXAMINI	ER'S"	CERTIF	ICATE	OF DI	EATH				00	101	
	CEASED-NAME	Firs	st	Middle	177	100	Lost	4		2o. DATE	KNOWN	Month	Doy	Yeor	2b. HOUR
(1	ype or Print)	GI	UY			ROSS				OF	ESTI-	7 4/	26	68	M
3. SI	X	4. RACE	5. DATE OF PH	TH A 001 16. A	GE (In year		ER 1 YEAR	IF UNDER	R 24 HRS		PRONOUNC		20	100	2d. HOUR
- 5	MALE	WHITE	4/26/1	L ( / L) U4  1 . la	st birthday	MONTHS (	DAYS	HOURS	MIN	Mon		Doy	Уe	or	
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	ITY OR TOWN OF	F DEATH		AME OF HOSPITAL OR street oddress)	INSTITUT	TION (If not i	n hospitol				Kind of v			ND OF BUSI	NESS OR
	RIOLE						RE'			ATER	MAN"	if getired A	RPE	NTER	
			sed lived, if institu	ution: Residence befor	re 13c. (	CITY OR TOW	N 13c	d. INSIDE CITY	LIMITS?	13e. STRI	EET AND NU	MBER			
00	lmission) STATE	MD.	13b SOME	RSET	OR	CIOLE		YES	NO 🗌						
14. F	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost														
33	ROBERS	r Ross				REBI	ECCA	DAV	IS						
		ER IN U.S. ARMED	FORCES?	166. SOCIAL SECURITY	NO.	17. INFOR	MANT		200		ADDR	RESS			
(У	es, no, or unknow	vn) (If yes give	e war or dates of service)			MEAS	ANI	NA M	I. R	OSS	ORI	OLE,	MD		
	18. CAUSE OF	DEATH (Enter or	nly one couse per li	ine for (o), (b), ond (c	).)									APPROXIMATE I	
	PART I. D	EATH WAS CAUSE		Myocardi	0.7	Infar	od-1	2 10						min	
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		iote couse (o),	(b)	AS A CONSEQUENCE C		7 621.1	050	GLO	SIS				•	, 0 0.1	
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	DARK O OTHER	CIONIFICANT CON	(c)	NO TO BESTER BUT W	7 -51 47										
	4201	SIGNIFICANT CON	DILION2 CONTRIBUT	ING TO DEATH BUT NO	) KELAI	IED TO THE T	ERMINAL DI	SEASE OR	CONDITIO	ON GIVEN I	IN PART 1(o	)			
CERTIFICATION	190. DATE OF O	PERATION		19b. CONDITION FOR	WHICH	OPERATION	-						20	0. AUTOPSY?	2
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ERT	21o. EXTERNAL (	CALISE WAS	1216 TIME OF	INJURY Month, Doy, Ye		Tale HOW	INILIDY OC	CURDED /F		(		or Port 2, It	10)	765	NO Z
AI C		R CONTRIBUTING	HOUR A.	M.		ZIC. HOVY	INJURY OC	LUKKED (EI	mer non	are or injur	y in Port I	or Pon Z, II	rem 10.)		
MEDICAL	CAUSE OF DEAT		P.	1117		016 10647	011.5	D.F.D. N		-					
2			octory, office buildin	At home, form, street, ig, etc.)		211. LOCATI	ON Street o	or K.F.D. No	D.	City	y or Town		Coun	ty	Stote
	AT WORK	T WORK													
	22a. I	certify that I i	taok charge af t	he remains describ	oed ab	ave, held o	ın Auta	psy,	ln:	spectian	[X	Inquiry [	], o	and in my	y opinian
	deoth re	sulted from:	Natural caus	ses 🕱 Accide	nt 🛄	, Suicid	e 🔲,	Hamicia	de 🔲	Unde	etermined	manner			
		6/		1_/	1		CHIE	F MEDICAL	EXAMIN	ER 🗆					
	ACTUAL SIGNATURE	1114	2011	AW	Re	1		STANT MED		-		22b. DATE	SIGNED		
	EXAMINER'S	200		1			M.D.	JTY MEDIC		-0.00		4-20	9-68	3	
	NAME (Type)	Evere	t Sutt	ter MD			ADD	RESS(Stree	t, city, to	own, or cou	unty)	17.14	19		
230.	BURIAL, CREMAT		. DATE	23c. NAME O	FCEMET	ERY OR CREA	AATORY		23d	LOCATION	N (City or To	own)	(County	(St	ote)
7	REMOVAL (Special SURTATA		/29/196	8 ORIOL	EC	EMET	ERY		-		E. N	,		(2.0	
	FUNERAL DIRECTO	OR		ADDI	RESS		-417	2So. REC			-	SECICIDAD.C	SIGNATU	ME det	
	LEVIN	R. WI	LSON PR	INCESS A	NNE	E, MD		DATMA		1 19		Cler	res	1 o	-

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## FOR STATE

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta PM3. Page iny delay is the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form

This certificate shauld be executed within 24 haurs after death.

DICAL EXAMINER:

TO DEPUTY

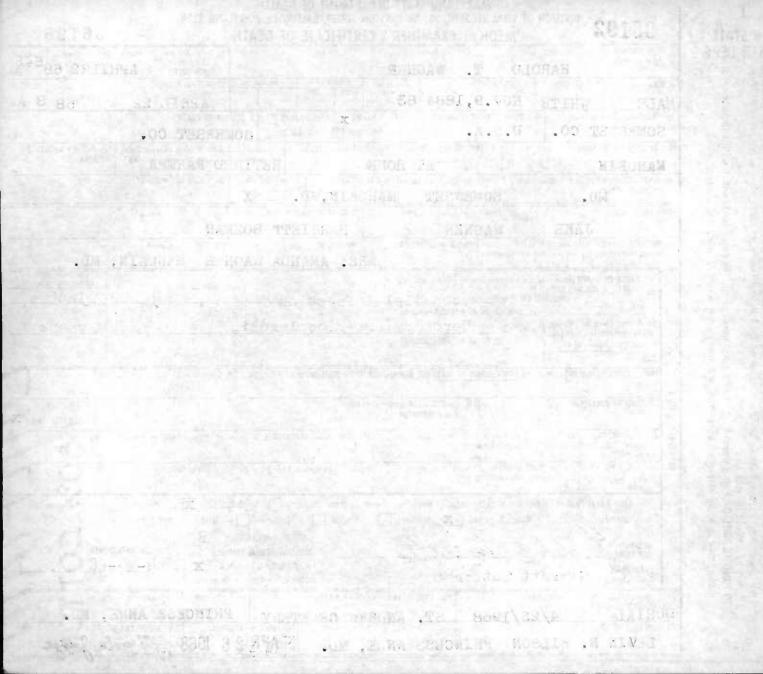
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06192 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

36198

1.	DECEASED-NAME (Type or Print)	First		Middle		Lost	-	20. DATE KNOWN DE ESTI-	Month Doy	Yeor	26 HOUR 6 4 5 AM	
		HARO:			1 00 0000	DER 1 YEAR   IF &	UNIDED OF UDC	DEATH MATED	APRII	221968		
3.	SEX 4. R	ACE .	S. DATE OF BIRTH	last birth		OAYS HOU	UNDER 24 HRS.  URS MIN.	2c. DATE PRONOUNCED I		feor	2d. HOUR	
40.00	All the street of the street o	VHITE	NOV.9						192	68	8 A <sub>M</sub>	
	BIRTHPLACE (Stote or f		CITIZEN OF WHAT			NEVER MARRIED		UNTY OF DEATH				
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	MANOKIN	ÍΗ		ME OF HOSPITAL OR INSTITUTE OR INSTITUTE OF HOSPITAL OR INSTITUTE OF HO				CCUPATION (Kind of work		KIND OF BUSI STRY	INESS OR	
13	o. USUAL RESIDENCE (Woodmission) STATEMED	here deceosed	lived, if institution 3b. COUNTY MI	on: Residence before 130 ERSET M		N 13d, INSIDI	NO NO	13e. STREET AND NUMBE	R			
14.	FATHER'S NAME	First	Middle	Lost	15. MOT	THER'S MAIDEN N	AME First	Midd	le	Lost		
	J	AKE	WAG	NER	H	ARR IET	BOZ	MAN				
	. WAS DECEASED EVER IN			6b. SOCIAL SECURITY NO.	17. INFOR			ADDRESS			1 3-5	
	(Yes, no, or unknown)	(If yes give war a	r dates of service)		MRS.	AMANDA	A WAG	NER MANO	KIN. N	ID.		
	18. CAUSE OF DEA	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)								APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH		
	PART I. DEATH	WAS CAUSED BY	(AUSE (a)	vocardial	Tnfo	notion				minutes		
	14109		DUE TO, OR AS	S A CONSEQUENCE OF	- 11110	I COLOII		Prompto of Thomas	0000			
	(conditions, if ony, which gove ) (b) Coronary arteriosclerosis									year	'S	
	rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
	lost.											
	PART 2. OTHER SIGNII	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
-	4201	4301										
CERTIFICATION	190. DATE OF OPERA	TION	19	9b. CONDITION FOR WHIC	H OPERATION			20. AUTOPSY	?			
EEC.				WAS PERFORMED?			1	YES 🗍	NO EX			
				JURY Month, Doy, Yeor	21c. HOW	INJURY OCCURRE	D (Enter not	ure of injury in Port 1 or I	Port 2, Item 18.	)		
MEDICAL	PRIMARY OR CON	TRIBUTING	HOUR A.M.		9							
MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town							Cou	inty	Stote		
	WHILE NOT WHILE of foctory, office building, etc.)											
	22a. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection , Inquiry , and in my apinian											
F	death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner											
	ACTUAL THE MEDICAL EXAMINER 22b. DATE SIGNED											
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER										
	SIGNATURE	100	1	Julies		MI.D.	EDICAL EVAN	THE LL	-24-65	2		
	SIGNATURE	Everet	t Sutt	erMD		DEPUTY M			-24-68	3		
22	SIGNATURE EXAMINEA'S NAME (Type)	Everet			IETERY OD ODE	DEPUTY M ADDRESS(S	Street, city, to	own, or county)			intol	
23	SIGNATURE EXAMINEA'S NAME (Type)	23b. DA	TE	23c. NAME OF CEM		DEPUTY M ADDRESS(S	Street, city, to	own, or county) I. LOCATION (City or Town	) (Coun	tγ) (St	tote)	
E	SIGNATURE EXAMINEA'S NAME (Type)	23b. DA		23c. NAME OF CEM		DEPUTY M ADDRESS(S MATORY  CEMETE:	Street, city, to	own, or county)  I. LOCATION (City or Town PRINCESS	) (Coun	ty) (St	tote)	



#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEDTIFICATE OF DEATH

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1. DECEASED-NAME	First		Middle		Last		2o. DATE O		M	10	2b. HOU
(Type or print)	JOHN		COULBOU	RN	WILSON	JR,	Apr	il Manth 3 Day	1968	ľ	3:30
. SEX		4. RACE			S. DATE OF BIRT			6. AGE (In years	IF UNDER 1 Y		F UNDER 24 H
Male			nite		Jan.	17,		last birthday) YRS.	Molting	2013	
o. BIRTHPLACE (Stote duntry) Maryla		U.S.A.	OUNTRY?		NEVER MARRI		9. COUNTY O				
			TO LICENTAL OR IN	WIDOWED		Land		omerset	Liai wiii		
Marion S		give street	of HOSPITAL OR IN address) Whi	te's R		during m	ast af warking	(Kind of work done glife, even if retired.)	INDUSTI		USINESS OR
Bo. USUAL RESIDENCE dmission) STATE	(Where deceased	lived, if institution: R 13b. COUNTY Some	Residence befare	13c CITY OR		I. INSIDE CITY L		TREET AND NUMBER	d		
4. FATHER'S NAME	First	Middle	Last	15	. MOTHER'S MAID	EN NAME F	irst	Middle			Lost
J	ohn (	Coulbourn	Wilso	n		Ha	attie		Willi	ams	
60. WAS DECEASED EV			SOCIAL SECURITY		NFORMANT			Address			
Yes, no, ar unknawn	(11 App Blan Mrt 6	21	2-16-16	10 M	rs. Mary	B. 1	dilson,	same as 1			
1B. CAUSE OF D	ATH (Enter anly	ane cause per line far	r (a), (b), and (c)	.)		-4.	0	4.0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEA	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) a cut Del 20 sent - actenoscloste head						the heart	100	6 mos		
1412	4120 DUE TO, OR AS A CONSEQUENCE OF O. 1 Cond.										
	Conditions, if any, which gave) (b) C. Clut Myhitis - C. Myrcaletis ye										
rise to immediate cause (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
last.											/
PART 2. OTHER S	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
5 44	LX										
19a. DATE OF OPER	ATION 19b. CO	IDITION FOR WHICH OPERATION WAS PERFORMED			20o. AUTOPS			20b. IF YES, WERE FINDINGS CONSID CAUSES OF DEATH?			TIFYING
±	AC UNDEDIVINO			las	YES	NO _					
	CAUSE OF DEATH		JRY onth Doy Yeor		OW INJURY OCCUR	RRED (Ente	r nature af inj	ury in Part 1 ar Part 2, I	Item 18.)		
OF CONTRIBUTING (If either, notify and 21d. INJURY OCC			OME EADM CTOKET EA		CATION Character	DED No	C'A	T	C		Ca-sa
	nile 7	ACE OF INJURY ( AT HO	E BUILDING, ETC.	211. LC	CATION Street	or K.F.D. No	. CIT	y or Town	County		State
	While Not while of work (Office Bulloing, ETC.										
saw the	220. I certify that (I) (this haspital) attended the deceased from										
causes s	causes stated abave, (I) (we) (did) (did not) view the body ofter death.										
	22b. SIGNATURE 22c. DATE SIGNED										
	George & Coultry my DEGREE PHYS. DIRECTOR PHYS. 1 4-3-68										
	22d. PHYSICIAN'S NAME (Type) George C. Coulbourn, M.D. 22e. ADDRESS Marion Station, Md.										
3a. BURIAL, CREMATIC		TE	23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOCAT	ON (City ar Tawn)	(Caunty)		(State)
						isfield-So			d.		
24. FUNERAL DIRECTOR	no dalan:	& Sons -	ADDRESS Cricfie	M br			Y REGISTRAR	2Sb. REGISTRAR'S			W 11
В	Langiam	or DOUR -	OLIDITO	Lug Lu.		DATAPR	9 _ 18	168 Jelian	res &	andy	LE .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the transit director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages than 2 shauld be filled with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed withi Page 4 may be retained by the haspital or attending physician.

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